**Point -Counter Point Script**

*Part 1: Resource Family to Recruitment, Development, & Support (RDS)*

RF1: You say that you are my support: What does that mean? What can I call upon you for?

RF2: What do I do if I need to take a break or leave town?

RF1: If I am having a major conflict with foster child behavior, who do I call first?

RF2: Tell me what is private in my home and what is public to the system of care?

RF1: If I receive an abuse report or complaint, how can you support me?

RF2: What if something happens to the child while he/she is in my home?

*Part 2: RDS & RFA Worker to Resource Family*

RDS: I need you to understand that I work with many families and in many roles: you are important to me and I will be as responsive as possible, without compromising my commitments to other families and agency priorities.

RFA WORKER: Work with me to complete the RFA paperwork so we can meet timelines and requirements.

RDS: Please let me know when you are experiencing difficulties prior to wanting a child removed.

RFA WORKER: The basic requirements for RFA don’t change all that much from year-to-year: please don’t wait until the last minute to get a new fire extinguisher tag, insurance card or pet vaccination.

RDS: Please don’t take sides when we are working as a team: we are all in this together and everyone’s perspective and role are important.

RFA WORKER: Please don’t move people into the house without first letting me know.

RDS: Ask me when you need help, support, or other resources and don’t be afraid to explain what you think you need: I can try to do what is beneficial without wasting your time.

RFA WORKER: Please be sure to complete incident reports and other documentation in a timely manner.

RFA WORKER: Please understand that I have a requirement to investigate any and all allegations of violation of regulations in foster homes. If we can work together during that process, it will go a lot more smoothly. That being said, I know this process can be intimidating.
**Part 3: Resource Family to Social Worker**

RF1: Why haven’t you returned my calls?

RF2: Please ask first, or discuss with me before you make plans with promises to a child as that may create a conflict if you are not aware of what the family has planned.

RF1: I can work through all of these complications if I know that you are there for me, as I am there for you and this child.

RF2: Is there any additional information about the child’s history that wasn’t in the record?

RF1: Can you provide me with a case plan?

RF2: I need your help coordinating visitation with the biological parent.

RF1: Can we talk ideas I have about discipline? Sometimes the child tells me I can’t parent her because you are her guardian.

**Part 4: Social Worker to Resource Family**

SW1: Although my case load may not seem like all that much to others, each family may have multiple children to whom I am responsible. I count on you to help me insure that each child gets what s/he needs.

SW2: Please know that I am required by law to visit the child(ren) in your home no less than every thirty days. I do trust you and am not being disrespectful, and need you to understand this requirement.

SW1: I know the biological family is from a different socio-economic group than yours, but that does not mean that the child will be abused once reunified. Please don’t be judgmental of their differences and remember that they love their children and have the right to be the parent.

SW2: How can we be sure that you are always home when I come for scheduled visits? I don’t want to use up your time with extra trips.

SW1: Please put all the information you have and collect into the Health & Education Passport. You may know this child the best at this time and your information is important to everyone.

SW2: Can you tell me about your frustrations, even if they are minor so that we can all resolve any issues early?

SW1: Will you work with me and the team in doing what is in the best interests of this child, even if it is difficult or different from what you would do for your own child?

SW2: Would you please let me know what your needs are so I can ensure a safe, stable, loving home for this child?
Part 5: Resource Family and Biological Parent

RF: I cannot understand how you could hurt or neglect his child. Now that I have come to love this child, your actions make me sad, angry, and afraid of what lies ahead of her.

BP: I know you cannot understand my past actions, and to tell you the truth, sometimes I can’t understand it either. It’s hard to work all this out and follow this case, plan, owning up to what I did and how it hurt my child, and then I have to face you knowing you are doing things I am supposed to do.

RF: If I was in your shoes, I would have stopped using drugs and alcohol and sought help to be able to parent my child. Everyone knows how drugs and alcohol can ruin lives. I try to understand, but then I see the impact on this child I love, and I become emotional about it again.

BP: I wish I had been more able to stop using but when a person is addicted, it’s like a disease. In fact, sometimes, when I did get sober, my shame about my past actions made me go back to using. I guess I was still in denial and afraid that I could not change.

RF: I try so hard to not judge you but I just can’t understand why you could not leave your partner when you saw the fear in your child’s eyes. I still see that fear when there is a loud noise, or when someone is angry. Why couldn’t you just leave?

BP: I know you think of only the bad times, when our family was violent or when things were really bad. You have to believe me that there were also some great times and times when things were going well. I love my child and I tried my best to keep him safe, but sometimes I couldn’t even keep myself safe.

RF: When your mental illness is under control, you have so many strengths to care for your child and our partnership goes so well, but then it is like a roller coaster; things fall apart for you and I am left comforting a child who had his hopes up again. I don’t know how often I can go through this.

BP: I wish there was a way to find treatment that works and stick with it, but I can’t seem to stay stable long enough to get through the case plan without incident. I just don’t understand it myself: how can I help my child understand what we have been living with?

RF: No matter how I love this child and care for her, she always wants to go home to you. I feel like I may never really get to take care of her: when we get close she feels disloyal and does something to back off from me and our family.

BP: No matter how I love this child I and care for her, I am walking a hard road to recovery, change, and forgiveness. I want her to be happy but sometimes I don’t really want her to be happy with you: I want to be sure I’m her real parent.

RF: I am not trying to steal your child. But I am committed to providing a home and family for him for as long as he needs it. Sometimes it seems like he feels torn, but really he doesn’t need to be. There is always a place for him with us, whether he lives here safely or returns safely to you.
BP: I cannot turn my back on my child. Even if I never get her back, I know she will keep looking for me and I have to find a way to be there and to let her be happy and at peace.

RF: Don’t make promises you can’t keep like promising the child(ren) they will be home by their birthday.

BP: Whenever I see you, all I can think of is how my kids were removed and that they were given to you. That is traumatizing and I am so afraid my kids won’t love me anymore.

RF: I know we are partners, but there are times when I am torn between meeting your needs for scheduling and visits, and my family’s need s for routine and stability. Can we work together to find a solution halfway?

BP: Every day that I miss with my child is another day I can never get back. When I have a chance to visit and be part of his life, it helps us all.

RF: I really appreciate how you talk with me before you make plans with your son: that way we can show him that the adults are working together.

BP: I wish you had called me or talked with me before making big decisions about my child. I would like to be part of the decision making for my child, even if he isn’t in my care.

RF: It would really help me if you didn’t bring soda to the visits we have: I noticed that after he drinks caffeine, he has trouble settling down for the night time routine.

BP: Can you sit down with me and talk about any drama that goes on among the kids in your house? When I hear it second hand through my daughter I feel really torn, but I try to remember that I am hearing her side of the story. I need to know you are taking care of it when she feels left out.

RF: Would you be willing to do some homework as well as visiting during your time with him? He seems to have too much homework to get it all done at school and after his visits and I think it would really help to do it with you. I can take the subjects you don’t want to.

BP: Can you let me answer some of the questions at the doctor’s office? I know she is in your home now, but some of the questions are things that I know and it helps me feel less awkward in those appointments if I can add something.

RF: Thank you for supporting our family and our rules when you visit with your child. It really helps me support you and share our partnership.

BP: Thank you for taking good care of my child. I know she is in good hands while I try to work things out.